

5 International comparisons

This chapter presents international comparisons of health expenditure for countries that are current members of the OECD and also countries in the Asia Pacific region. Differences between countries in terms of what is included as 'health expenditure' complicate the comparison to some extent, so caution is warranted when making comparisons.

Health expenditure by different countries can be compared as a proportion of GDP. This gives a measure of the proportion of a nation's productive effort that is spent on funding its health goods and services. Short-term fluctuations in the health to GDP ratio can, however, be misleading because they reflect movements in GDP as well as in health expenditure.

Health expenditure per person allows for comparisons between countries and within a country over time without the distorting effect of movements in GDP and population size differences. In calculating it, allowance was made for the different purchasing powers of currencies in the various countries. This has been done by using purchasing power parities (PPPs) for the whole of GDP to convert expenditures in each of the countries first into US dollars and then into Australian dollars. The whole of GDP PPPs are used because of the poor reliability of health-specific ones, particularly in the early part of the period.

For the OECD countries, weighted averages as a whole have been calculated to take into account the proportional relevance of each component. For example, the weighted average of the per person health expenditure is total health expenditure divided by the total OECD population.

5.1 Health expenditure in OECD countries

The OECD median health to GDP ratio for 1995, 2000 and 2005 was respectively 7.5%, 8.1% and 9.0%. Australia's average was slightly lower in 1995 (7.4%), higher in 2000 (8.3%) and lower in 2005 (8.8%). In per person terms Australia's average was higher in each of the three years (Table 51).

The United States was by far the highest spender on health care, spending 15.3% of GDP in 2005 and an average expenditure per person that was more than double the amount for Australia (\$8,833 per person compared with \$4,121 for Australia) (Table 51).

In 2005, Australia had a health to GDP ratio that was comparable to Italy and New Zealand, was more than the United Kingdom and considerably lower than the United States (Table 51 and Figure 19).

Australia's three tiers of government funded an average of 67.0% of total health expenditure in 2005, which was 9.2 percentage points below the OECD median of 76.2%. Over the decade, the government contribution to the funding of health care in Australia edged up by 1 percentage point, while the government share for the OECD overall increased by 1.9 percentage points (Table 52).

Government health expenditure in 2005 as a proportion of GDP was 5.9% in Australia, 1 percentage point below the OECD median, and lower than the 6.9% of GDP that USA governments spend on health (Table 52).

Australia's per person out-of-pocket expenditure (\$335 in current prices) was \$84 below the weighted mean in 1995, but \$40 above the weighted mean in 2005 (Table 53). Australia's

out-of-pocket expenditure as a percentage of total expenditure and total household final consumption expenditure (HFCE) rose between the two periods from 15.9% to 18.2% and from 2.0% to 2.8%, respectively. For the OECD weighted averages, while out-of-pocket expenditure rose as a percentage of total HFCE (2.7% to 2.8%), it fell as a percentage of total health expenditure (16.6% to 15.5%) (Table 53).

5.2 International comparisons

The OECD averages in this publication are averages (means) of member countries for which data are available for all the years presented. The periods covered by the OECD data for a particular year differ from one country to another (see Box 5 for examples).

Box 5: Periods equating to OECD year 2005

Country	Financial year
<i>Australia</i>	<i>1 July 2005 to 30 June 2006</i>
<i>Canada</i>	<i>1 April 2005 to 31 March 2006</i>
<i>France</i>	<i>1 January 2005 to 31 December 2005</i>
<i>Germany</i>	<i>1 January 2005 to 31 December 2005</i>
<i>Japan</i>	<i>1 April 2005 to 31 March 2006</i>
<i>New Zealand</i>	<i>1 July 2005 to 30 June 2006</i>
<i>Sweden</i>	<i>1 January 2005 to 31 December 2005</i>
<i>United Kingdom</i>	<i>1 April 2005 to 31 March 2006</i>
<i>United States</i>	<i>1 October 2004 to 30 September 2005</i>

Table 51: Health expenditure as a proportion of GDP and per person, OECD countries, 1995 to 2005^(a)

Country	1995		2000		2005	
	Health to GDP (%)	Per person (A\$)	Health to GDP (%)	Per person (A\$)	Health to GDP (%)	Per person (A\$)
United States	13.3	4,826	13.2	5,985	15.3	8,833
Switzerland	9.7	3,394	10.4	4,167	11.6	5,764
France	9.9	2,726	9.6	3,258	11.1	4,656
Germany	10.1	2,937	10.3	3,451	10.7	4,536
Belgium	8.2	2,416	8.6	3,014	10.3	4,677
Austria	9.8	2,970	10.0	3,701	10.2	4,856
Portugal	7.8	1,447	8.8	2,129	10.2	2,806
Greece	7.5	1,650	9.3	2,555	10.1	4,114
Canada	9.0	2,715	8.8	3,287	9.8	4,590
Iceland	8.2	2,446	9.3	3,533	9.5	4,751
Denmark	8.1	2,433	8.3	3,119	9.1	4,289
Norway	7.9	2,497	8.4	4,037	9.1	6,022
Sweden	8.1	2,288	8.4	2,976	9.1	4,027
New Zealand	7.2	1,642	7.7	2,103	9.0	3,233
Italy	7.3	2,062	8.1	2,722	8.9	3,494
Australia^(b)	7.4	2,111	8.3	2,956	8.8	4,121
United Kingdom	7.0	1,827	7.3	2,435	8.3	3,759
Spain	7.4	1,575	7.2	1,991	8.2	3,112
Turkey	3.4	247	6.6	591	7.6	809
Finland	7.5	1,886	6.6	2,249	7.5	3,217
Ireland	6.7	1,599	6.3	2,387	7.5	4,038
Czech Republic	7.0	1,208	6.5	1,272	7.2	2,041
Slovak Republic	..	..	5.5	779	7.1	1,569
Mexico	5.6	512	5.6	663	6.4	932
Poland	5.5	550	5.5	773	6.2	1,196
Korea	4.1	701	4.8	1,022	6.0	1,819
Hungary	7.3	904	6.9	1,123	n.a.	n.a.
Japan	6.9	2,041	7.7	2,577	n.a.	n.a.
Luxembourg	5.6	2,682	5.8	3,909	n.a.	n.a.
Netherlands	8.3	2,404	8.0	2,958	n.a.	n.a.
Weighted average (29 countries)^{(c)(d)}	9.6	2,485	9.9	3,136	11.1	4,485
Median (29 countries)^(c)	7.5	2,062	8.1	2,722	9.0	4,038

(a) See definition of 'OECD financial year' in Box 5.

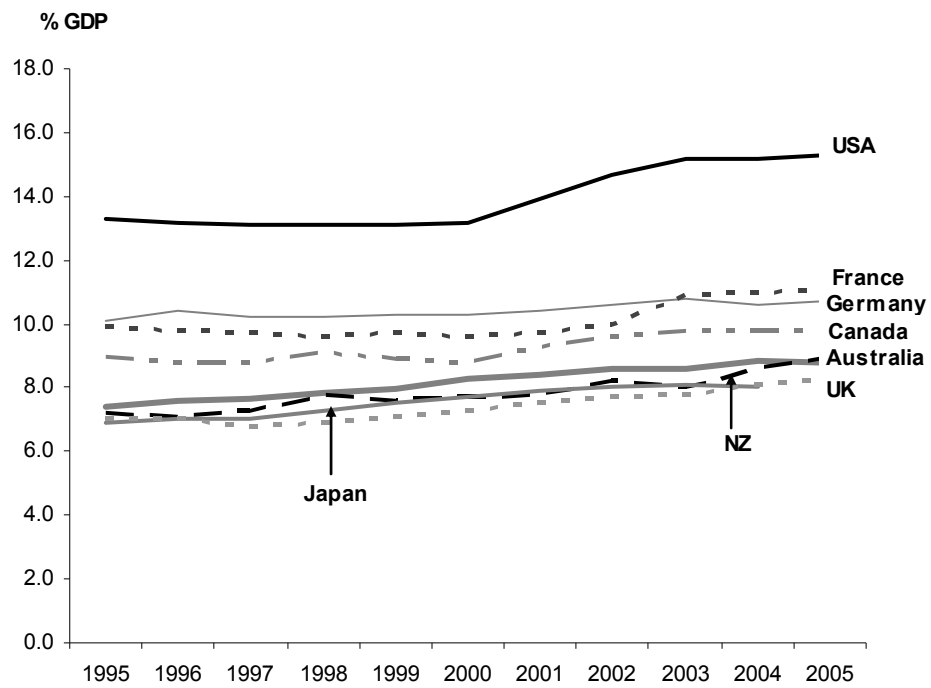
(b) Expenditure based on the OECD System of Health Accounts (SHA) framework.

(c) The 29 countries included in the averages exclude the Slovak Republic. Averages for 2005 incorporate 2004 data for Hungary, Japan, Luxembourg and the Netherlands.

(d) Average weighted by GDP or population.

Note: Expenditures converted to Australian dollar values using GDP purchasing power parities.

Sources: AIHW health expenditure database; OECD 2007.



(a) See definition of 'OECD financial year' in Box 5.

Sources: AIHW health expenditure database; OECD 2007.

Figure 19: Health expenditure as a proportion of GDP, selected OECD countries, 1995 to 2005^(a)

Table 52: Government health expenditure as a proportion of total health expenditure and GDP, OECD countries, 1995 to 2005^(a) (per cent)

Country	1995		2000		2005	
	Share of total health expenditure (%)	Share of GDP (%)	Share of total health expenditure (%)	Share of GDP (%)	Share of total health expenditure (%)	Share of GDP (%)
Greece	52.0	3.9	44.2	4.1	42.8	4.3
United States	45.3	6.0	43.7	5.8	45.1	6.9
Mexico	42.1	2.4	46.6	2.6	45.5	2.9
Korea	35.7	1.5	46.8	2.2	53.0	3.2
Switzerland	53.8	5.2	55.6	5.8	59.7	6.9
Australia^(b)	66.0	4.9	67.0	5.5	67.0	5.9
Poland	72.9	4.0	70.0	3.9	69.3	4.3
Canada	71.4	6.4	70.4	6.2	70.3	6.9
Spain	72.2	5.4	71.6	5.2	71.4	5.9
Turkey	70.3	2.4	62.9	4.2	71.4	5.4
Belgium	78.5	6.5	76.0	6.6	72.3	7.4
Portugal	62.6	4.9	72.5	6.4	72.7	7.4
Slovak Republic	..	..	89.4	4.9	74.4	5.3
Austria	71.5	7.0	75.9	7.6	75.7	7.7
Italy	70.8	5.1	72.5	5.8	76.6	6.8
Germany	81.6	8.2	79.7	8.2	76.9	8.2
Finland	75.6	5.6	75.1	4.9	77.8	5.9
Ireland	71.8	4.8	72.9	4.6	78.0	5.8
New Zealand	77.2	5.5	78.0	6.0	78.1	7.0
France	78.6	7.7	78.3	7.5	79.8	8.9
Iceland	83.9	6.9	82.0	7.6	82.5	7.9
Norway	84.2	6.6	82.5	6.9	83.6	7.6
Denmark	82.5	6.7	82.4	6.8	84.1	7.7
Sweden	86.6	7.0	84.9	7.1	84.6	7.7
United Kingdom	83.9	5.8	80.9	5.9	87.1	7.2
Czech Republic	90.9	6.4	90.3	5.9	88.6	6.4
Hungary	84.0	6.1	70.7	4.9	n.a.	n.a.
Japan	83.0	5.7	81.3	6.2	n.a.	n.a.
Luxembourg	92.4	5.1	89.3	5.2	n.a.	n.a.
Netherlands	71.0	5.9	63.1	5.0	n.a.	n.a.
Weighted average (28 countries)^{(c)(d)}	60.9	5.8	59.4	5.9	59.9	6.7
Median (28 countries)^(c)	74.3	5.7	74.0	5.9	76.2	6.9

(a) See definition of 'OECD financial year' in Box 5.

(b) Expenditure based on the OECD SHA framework.

(c) The 28 countries included in the averages exclude the Slovak Republic and the Netherlands. Averages for 2005 incorporate 2004 data for Hungary, Japan and Luxembourg.

(d) Average weighted by total health expenditure or GDP.

Sources: AIHW health expenditure database; OECD 2007.

Table 53: Out-of-pocket health expenditure per person, and as shares of total health expenditure and household final consumption expenditure^(a), OECD countries, 1995 and 2005^(b)

Country	1995			2005		
	Per person out-of-pocket expenditure (A\$)	Share of total health expenditure (%)	Share of total HFCE (%)	Per person out-of-pocket expenditure (A\$)	Share of total health expenditure (%)	Share of total HFCE (%)
Switzerland	1,119	33.0	5.5	1,761	30.5	6.1
United States	725	15.0	2.9	1,162	13.1	2.9
Belgium	n.a.	n.a.	n.a.	994	21.2	4.2
Norway	380	15.2	2.5	943	15.7	3.5
Iceland	393	16.1	2.4	831	17.5	2.9
Austria	496	16.7	3.0	794	16.4	3.1
Australia^(c)	335	15.9	2.0	750	18.2	2.8
Italy	549	26.6	3.3	709	20.3	3.1
Spain	371	23.5	3.0	697	22.4	3.2
Korea	385	54.9	4.4	686	37.7	4.4
Canada	432	15.9	2.6	665	14.5	2.6
Portugal	n.a.	n.a.	n.a.	625	22.3	3.6
Denmark	396	16.3	2.6	614	14.3	2.7
Germany	286	9.8	1.8	595	13.1	2.4
Finland	387	20.5	3.1	573	17.8	2.7
Ireland	230	14.4	1.9	542	13.4	2.4
New Zealand	265	16.2	2.0	541	16.7	2.6
Mexico	288	56.2	4.8	477	51.2	4.8
Slovak Republic	..	..	..	355	22.6	2.8
Netherlands	n.a.	n.a.	n.a.	345	n.a.	1.5
France	218	8.0	1.4	322	6.9	1.4
Poland	149	27.1	2.5	312	26.1	2.6
Czech Republic	110	9.1	1.3	222	10.9	1.6
Turkey	74	29.7	1.4	160	19.9	2.2
Greece	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Hungary	145	16.0	2.2	n.a.	n.a.	n.a.
Japan	313	15.3	1.9	n.a.	n.a.	n.a.
Luxembourg	166	6.2	0.8	n.a.	n.a.	n.a.
Sweden	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
United Kingdom	199	10.9	1.2	n.a.	n.a.	n.a.
Weighted average (23 countries)^{(d)(e)}	419	16.6	2.7	710	15.5	2.8
Median (23 countries)^(d)	335	16.1	2.5	595	17.3	2.7

(a) Total HFCE covers all goods and services, including health.

(b) See definition of 'OECD financial year' in Box 5.

(c) Expenditure based on the OECD SHA framework.

(d) The 23 countries included in the averages exclude Belgium, Greece, Netherlands, Portugal, Slovak Republic, Sweden and the United Kingdom. Averages for 2005 incorporate 2004 data for Hungary, Japan and Luxembourg.

(e) Averages weighted by population for per person out-of-pocket expenditure and by health expenditure or HFCE for other categories.

Note: Expenditures converted to Australian dollar values using GDP purchasing power parities.

Sources: AIHW health expenditure database; OECD 2007.

Table 54: Components of growth in health expenditure, selected OECD countries, 1995 to 2005^(a), (per cent)

Country	Nominal growth	Inflation			Real growth		Total
		General	Excess health	Health	Population component	Utilisation component	
Australia ^(b)	8.2	2.8	0.3	3.1	1.2	3.7	5.0
Canada	6.2	2.0	0.1	2.1	1.0	3.1	4.1
Denmark ^(c)	5.5	2.1	0.0	2.0	0.4	3.0	3.4
Finland	5.2	1.4	1.8	3.2	0.3	1.6	1.9
France	5.0	1.4	-0.1	1.4	0.5	3.0	3.6
Italy	6.3	2.8	0.4	3.2	0.2	2.8	3.0
Spain ^(c)	6.8	3.1	-0.2	2.9	0.6	3.2	3.8
Sweden ^(d)	6.0	1.3	2.0	3.4	0.2	2.4	2.6
Switzerland ^(e)	4.1	0.5	0.2	0.7	0.5	2.8	3.4
United States	6.9	2.0	1.2	3.2	1.1	2.5	3.6

(a) See definition of 'OECD financial year' in Box 5.

(b) Expenditure based on the OECD SHA framework.

(c) 1995 to 2001.

(d) 1995 to 2002.

(e) 1995 to 2003.

Sources: AIHW health expenditure database; OECD 2007.

Factors contributing to the growth in the health to GDP ratio are inflation (both general inflation and excess health inflation) and changes in the level of goods and services used, either from population growth or from more intensive per person use of goods and services. The general rate of inflation is an indication of price pressures that apply throughout the economy, and the rate of excess health inflation indicates additional price rises specific to the health sector. The ability of a nation's health financing system to influence growth in health prices is one factor relevant to controlling growth in total expenditure on health.

For the decade to 2005, Australia had an average annual excess health inflation rate of 0.3% which was the fifth highest for this group of 10 countries (Table 54).

In order to compare the level of expenditure without the complication of different rates of population growth, it is useful to examine real growth in average per person expenditure on health. For the decade to 2005, Australia had an average annual real growth in per person expenditure of 3.7% (Table 54). This represents extra volumes of health services delivered per Australian – this was the highest of the 10 countries in this group.

5.3 Health expenditure in the Asia–Pacific region

There is a very broad range of economies within the Asia–Pacific region, including highly developed economies like Australia and Japan (Tables 51 to 53) as well as developing economies like Malaysia, Thailand, Vietnam, Indonesia and Bangladesh (Table 55).

In 2004 Australia had the second highest health to GDP ratio, at 8.8%. For the other countries in Table 55, Myanmar (2.2%), Indonesia (2.8%) and Bangladesh (3.1%) had a relatively low health to GDP ratios.

Australia (\$3,906 per person) had the highest average expenditure on health while Myanmar (\$6 per person) had the lowest.

There are many reasons underlying the substantial differences between the levels of resourcing for health in these countries. In many cases, low GDP means few resources are available to devote to health. But on top of this, in some countries governments do not place a high priority on health services.

Table 55: Health expenditure comparison for selected Asia-Pacific countries, 2004

Country	Health to GDP (%)	Per person (A\$)	Government to total (%)	Per person out-of-pocket (A\$)	Out-of-pocket to total (%)
Australia^(a)	8.8	3,906	66.9	707	18.1
Singapore	3.7	1,282	34.0	820	63.9
Malaysia	3.8	245	58.8	75	30.5
Fiji	4.6	201	62.3	76	37.7
Tonga	6.3	159	79.5	28	17.4
Samoa	5.3	148	76.8	27	18.1
Thailand	3.5	120	64.7	32	26.4
China	4.7	95	38.0	51	53.6
Vanuatu	4.1	79	76.8	11	13.3
Timor-Leste	11.2	59	78.9	3	5.4
Sri Lanka	4.3	58	45.6	26	45.7
Mongolia	6.0	51	66.6	16	30.8
Philippines	3.4	49	39.8	23	46.9
Solomon Islands	5.9	47	94.5	1	3.1
Indonesia	2.8	44	34.2	22	49.1
India	5.0	43	17.3	33	77.6
Papua New Guinea	3.6	41	84.3	3	7.3
Vietnam	5.5	41	27.1	26	64.2
Cambodia	6.7	32	25.8	20	63.4
Lao	3.9	23	20.5	16	71.8
Bhutan	4.6	21	64.2	7	35.8
Nepal	5.6	19	26.3	12	65.0
Bangladesh	3.1	19	28.1	12	63.5
Myanmar	2.2	6	12.9	5	86.5

(a) Expenditure based on the OECD SHA framework.

Sources: AIHW health expenditure database, WHO database.

5.4 Australian System of Health Accounts

The AIHW is responsible for collecting, collating and reporting expenditure on health in Australia each year. It is also the national coordinating body for the provision of most data on social expenditures to the OECD. The AIHW's responsibilities in this regard include expenditure on welfare services, social security and housing as well as health.

The format that the AIHW uses for its national reports of expenditure on health is based on one adopted by the World Health Organization (WHO) during the 1970s, known as the Australian National Health Accounts (NHA). Australia's reporting format has not changed markedly since the AIHW's first national health expenditure report in 1986, despite considerable change in the way health care is delivered. The WHO has recently moved to adopt a reporting framework based on a system of health accounts developed by the OECD.

In 2000, the OECD published guidelines for a new method of international reporting for health expenditure. That publication, *A system of health accounts* (OECD 2000), was developed to encourage international consistency in the way health expenditure was reported throughout the OECD membership. This International Classification for Health Accounts (ICHA) classifies expenditure on health in terms of:

- health care by function (ICHA-HC)
- health care service provider industries (ICHA-HP)
- sources of funding health care (ICHA-HF).

The functional classification refers to the goals or purposes of health care. At the broadest level these are disease prevention, health promotion, treatment, rehabilitation and long-term care.

The provider classification is a list of health care provider types which has been refined and modified from the International Standard Industrial Classification (UN 2002).

The funder classification follows the System of National Accounts 1993 (OECD 1994) guidelines for the allocation of funds by sector.

The major difference between estimates derived using the Australian NHA and the OECD System of Health Accounts (SHA) is the value of total expenditure. The NHA includes all the 'health' functional classifications. It also includes the following 'health-related' functional classifications in its estimates of total health expenditure:

- capital expenditure of health care provider institutions
- research and development in health
- food, hygiene and drinking water control
- environmental health
- administration and provision of social services in kind to assist living with disease and impairment
- administration and provision of health-related cash-benefits.

'Education and training of health personnel' is excluded from the NHA estimates of total health expenditure.

The SHA, on the other hand, includes, as well as the 'health' functions, only HC.R.1 – 'Capital formation of health care provider institutions' – from the 'health-related' functions in its total health expenditure estimates. In 2005–06 (OECD year 2005), the estimate of total health expenditure using the NHA was \$86.9 billion, \$2,149 million or 2.5% higher than the SHA total for health expenditure (\$84.7 billion) (Tables 1 and 56).

The AIHW's health expenditure database for all years since 1998–99 is structured in a way that allows simultaneous reporting according to the NHA reporting matrix and the SHA classifications. Through the work of the Health Expenditure Advisory Committee (HEAC), an Australian System of Health Accounts is being developed that can be mapped to the OECD's SHA, but which uses terminology that is more relevant to the Australian domestic

situation. When this is achieved, the Australian SHA will be better able to provide more detailed and comprehensive data for both national purposes and international comparability.

The following three tables provide a snapshot of the data for 2004–05 and 2005–06, following the OECD format.

The definitions of OECD categories can be found at:
<http://www.oecd.org/dataoecd/49/51/21160591.pdf>.

Table 56: Total health expenditure, by financing agents, current prices, 2004–05 and 2005–06

SHA code	Description	2004–05		2005–06	
		Amount (\$m)	Proportion (%)	Amount (\$m)	Proportion (%)
<i>HF.1</i>	<i>General government</i>	52,990	66.9	56,808	67.0
HF.1.1	General government excluding social security funds	52,990	66.9	56,808	67.0
HF.1.1.1	Central government	34,010	42.9	35,492	41.9
HF.1.1.2, 1.1.3	Provincial/local government	18,980	24.0	21,316	25.2
HF.1.2	Social security funds	—	—	—	—
<i>HF.2</i>	<i>Private sector</i>	26,208	33.1	27,921	33.0
HF.2.1	Private social insurance	—	—	—	—
HF.2.2	Private insurance enterprises (other than social insurance)	6,038	7.6	6,284	7.4
HF.2.3	Private household out-of-pocket expenditure	14,329	18.1	15,415	18.2
HF.2.4	Non-profit institutions serving households (other than social insurance)	—	—	—	—
HF.2.5	Corporations (other than health insurance)	5,841	7.4	6,222	7.3
<i>HF.3</i>	<i>Rest of the world</i>	—	—	—	—
Total health expenditure		79,198	100.0	84,730	100.0

Note: Components may not add to totals due to rounding.

Source: AIHW health expenditure database.

Table 57: Total health expenditure, by mode of production, current prices, 2004–05 and 2005–06

SHA code	Description	2004–05		2005–06	
		Amount (\$m)	Proportion (%)	Amount (\$m)	Proportion (%)
Inpatient care^(a)					
HC.1.1, 2.1	Curative & rehabilitative care	26,493	33.5	28,900	34.1
HC.3.1	Long-term nursing care	387	0.5	415	0.5
Services of day-care					
HC.1.2, 2.2	Day cases of curative & rehabilitative care	—	—	—	—
HC.3.2	Day cases of long-term nursing care	—	—	—	—
Outpatient care					
HC.1.3, 2.3	Outpatient curative & rehabilitative care	25,080	31.7	26,746	31.6
HC.1.3.1	Basic medical and diagnostic services	9,252	11.7	9,732	11.5
HC.1.3.2	Outpatient dental care	5,054	6.4	5,327	6.3
HC.1.3.3	All other specialised health care	2,781	3.5	2,994	3.5
HC.1.3.9	All other outpatient curative care	6,357	8.0	6,946	8.2
HC.2.3	Outpatient rehabilitative care	1,637	2.1	1,748	2.1
Home care					
HC.1.4, 2.4	Home care (curative & rehabilitative)	—	—	—	—
HC.3.3	Home care (long-term nursing care)	27	—	25	—
Ancillary services to health care					
HC.4.1	Clinical laboratory	1,374	1.7	1,478	1.7
HC.4.2	Diagnostic imaging	1,602	2.0	1,745	2.1
HC.4.3	Patient transport and emergency rescue	1,482	1.9	1,506	1.8
HC.4.9	All other miscellaneous ancillary services	66	0.1	32	—
Medical goods dispensed to outpatients					
HC.5.1	Pharmaceuticals and other medical non-durables	11,637	14.7	12,030	14.2
HC.5.2	Therapeutic appliances and other medical durables	2,617	3.3	2,797	3.3
<i>Total expenditure on personal health care</i>		<i>70,764</i>	<i>89.4</i>	<i>75,674</i>	<i>89.3</i>
HC.6	Prevention and public health services	1,245	1.6	1,263	1.5
HC.7	Health administration and health insurance	2,521	3.2	2,626	3.1
<i>Total expenditure on collective health care</i>		<i>3,766</i>	<i>4.8</i>	<i>3,889</i>	<i>4.6</i>
<i>Total current expenditure on health care</i>		<i>74,530</i>	<i>94.1</i>	<i>79,562</i>	<i>93.9</i>
Health-related functions					
HC.R.1	Capital formation of health care provider institutions	4,669	5.9	5,167	6.1
Total health expenditure		79,198	100.0	84,730	100.0

(a) In-patient includes all admitted patient services whether they are overnight admissions or same-day admissions.

Note: Components may not add to totals due to rounding.

Source: AIHW health expenditure database.

Table 58: Total health expenditure, by provider, current prices, 2004–05 and 2005–06

SHA code	Description	2004–05		2005–06	
		Amount (\$m)	Proportion (%)	Amount (\$m)	Proportion (%)
HP.1	Hospitals	29,718	37.5	32,421	38.3
HP.2	Nursing and residential care facilities	28	—	27	—
HP.3	Providers of ambulatory health care	27,665	34.9	29,422	34.7
HP.3.1	Offices of physicians	11,155	14.1	11,732	13.8
HP.3.2	Offices of dentists	5,064	6.4	5,337	6.3
HP.3.3–3.9	All other providers of ambulatory health care	11,447	14.5	12,353	14.6
HP.4	Retail sales and other providers of medical goods	13,685	17.3	14,192	16.8
HP.5	Provision and administration of public health programs	1,245	1.6	1,260	1.5
HP.6	General health administration and insurance	6,856	8.7	7,406	8.7
HP.6.1	Government administration of health	3,378	4.3	3,734	4.4
HP.6.2	Social security funds	—	—	—	—
HP.6.3, 6.4, 6.9	Other social insurance	3,478	4.4	3,672	4.3
HP.7	Other industries (rest of the economy)	—	—	—	—
HP.9	Rest of the world	2	—	1	—
Total health expenditure		79,198	100.0	84,730	100.0

Note: Components may not add to totals due to rounding.

Source: AIHW health expenditure database.